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APPLICANTS

John K. Smith, Medford, MA;

** CONTINUING DATA *****

none AMR

** FOREIGN APPLICATIONS *****

none AMR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/03/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	4	27	6
Verified and Acknowledged	AMR	Examiner's Signature	Initials		

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TITLE

Endovascular prosthetic devices having hook and loop structures

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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